

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

A-411A

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANALOGS OF CATIONIC PROTEINS

the specification of which (check only one item below):

- ☐ is attached hereto
- ☐ was filed as United States application

Serial

No. _____

on _____

and was amended

on _____ (if applicable).

- ☒ was filed as PCT international application

Number US97/12609on July 17, 1997

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under title 35, United States Code, §1.19 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day month year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
US APPLICATION NUMBER	US FILING DATE	PATENTED	PENDING	ABANDONED
08/684,353	July 19, 1996		X	
PCT APPLICATIONS DESIGNATING THE US				
PCT APPLICATION NO	PCT FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Ron K. Levy, Reg. No. 31,539, Steven M. Odre, Reg. No. 29,094, and Richard J. Mazza
ATTORNEY, Reg. No. ##27,657

Send Correspondence to:

U.S. Patent Operations/(ATTY)
Amgen Inc.
One Amgen Center Drive
Thousand Oaks, California 91320-1799 US

Direct Telephone Calls to:
(Name and telephone number)

ATTORNEY
(805) 447-4112

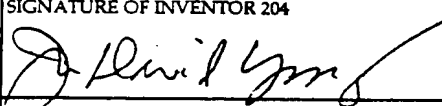
201	FULL NAME OF INVENTOR	FAMILY NAME Boone	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME Charles
	RESIDENCE & CITIZENSHIP	CITY Newbury Park	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3010 Deer Valley Avenue	CITY Newbury Park	STATE & ZIP CODE, COUNTRY 91320
202	FULL NAME OF INVENTOR	FAMILY NAME Cheung	FIRST GIVEN NAME Ellen	SECOND GIVEN NAME Ngoi Yin
	RESIDENCE & CITIZENSHIP	CITY Agoura	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4847 Allano Drive	CITY Agoura	STATE & ZIP CODE, COUNTRY 91301
203	FULL NAME OF INVENTOR	FAMILY NAME Hershenson	FIRST GIVEN NAME Susan	SECOND GIVEN NAME Irene
	RESIDENCE & CITIZENSHIP	CITY Newbury Park	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 189 Heavenly Valley Road	CITY Newbury Park	STATE & ZIP CODE, COUNTRY 91320

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application of any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Thomas Charles Boone</i>	SIGNATURE OF INVENTOR 202 <i>Ellen Ngoi Yin Cheung</i>	SIGNATURE OF INVENTOR 203 <i>Susan Irene Hershenson</i>
DATE <i>12/10/98</i>	DATE <i>12/10/98</i>	DATE <i>12/11/98</i>

204	FULL NAME OF INVENTOR	FAMILY NAME Young	FIRST GIVEN NAME John	SECOND GIVEN NAME David
	RESIDENCE & CITIZENSHIP	CITY Thousand Oaks	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2576 Sapra Street	CITY Thousand Oaks	STATE & ZIP CODE, COUNTRY 91362
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application of any patent issuing thereon.

SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 12-15-98	DATE	DATE
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE